

DIVISION OF HEALTH SERVICES
AIR POLLUTION
JULY 1, 2008 - JUNE 30, 2009
BUDGET NO. 108-400402

ACCT. NO.	ACCOUNT NAME	CURRENT BUDGET	DIFFERENCE	PROPOSED BUDGET
4401	FEDERAL GRANTS	(130,646)	(90,500)	(221,146)
	TOTAL STATE REVENUE	(130,646)	(90,500)	(221,146)
5102	SALARIES & LABOR	290,524	-	290,524
5109	TEMPORARY LABOR	10,580	-	10,580
5112	TOP PERFORMERS PAY	-	-	-
	TOTAL SALARIES & OVERTIME	301,104	-	301,104
5510	RETIREMENT BENEFITS - COUNTY	20,337	-	20,337
5511	OPEB RETIREE INSURANCE	19,610	-	19,610
5515	FICA	656	-	656
5516	MEDICARE COVERAGE (MQFE)	4,366	-	4,366
5520	GROUP LIFE INSURANCE	1,976	-	1,976
5543	CIGNA INSURANCE	28,090	-	28,090
5560	DISABILITY INSURANCE	4,648	-	4,648
5591	OJI MEDICAL INSURANCE	4,667	-	4,667
5592	UNEMPLOYMENT COMP INS	991	-	991
	TOTAL FRINGES	85,341	-	85,341
6016	DATA PROCESSING SUPP	2,000	-	2,000
6026	EXPENDABLE FURN & EQUIP	6,000	-	6,000
6042	MATERIALS & SUPPLIES	14,757	-	14,757
6048	MEMBERSHIPS, PUBS & DUES	200	-	200
6052	OFFICE SUPPLIES	350	9,050	9,400
6054	PAPER PRODUCTS	175	-	175
6064	PHOTO, MAPS & BLUEPRINTS	100	-	100
6068	POSTAGE	10	-	10
6070	SAFETY SUPPLIES	150	-	150
	TOTAL SUPPLIES	23,742	9,050	32,792
6404	ADVERTISING	100	-	100
6419	EDUCATION & TRAINING EXP	1,500	-	1,500
6428	FREIGHT & STORAGE	2,000	-	2,000
6446	LOCAL TRANSPORATION	50	-	50
6467	TRAVEL	5,000	-	5,000
	TOTAL SERVICES	8,650	-	8,650
6631	MEDICAL & DENTAL	500	-	500
6637	OUTSIDE CONTRACTS	1,000	81,450	82,450
	TOTAL PROF. & CONTRACTED	1,500	81,450	82,950
6777	MAINT BLDG & GROUNDS	500	-	500
6780	MAINT EQUIPMENT	7,000	-	7,000
6783	MAINT VEHICLE OUTSIDE	150	-	150
6789	UTILITY SERVICES	5,098	-	5,098
	TOTAL RENT, UTILITIES & MAINTENANCE	12,748	-	12,748
6831	PETROLEUM SERVICES	2,000	-	2,000
6832	FLEET MGMT SERVICES	5,000	-	5,000
6852	PRINTING INSIDE	50	-	50
6854	MAIL SERVICES	700	-	700
6874	TELECOMM SERVICES	8,000	-	8,000
	TOTAL O & M CONTRA	15,750	-	15,750
	TOTAL EXPENDITURES	448,835	90,500	539,335
9601	TR/F GENERAL FUND	(388,757)	-	(388,757)
	TOTAL TRANSFERS IN	(388,757)	-	(388,757)
9804	TR/T INDIRECT COST	70,568	-	70,568
	TOTAL TRANSFERS OUT	70,568	-	70,568
	TOTAL TRANSFERS	(318,189)	-	(318,189)
	TOTAL EXPENDITURES/TRANSFERS	130,646	90,500	221,146
	NET COST	-	-	-

DATE: 12-24-08

IN-HOUSE ROUTE SHEET
RESOLUTION CHECK-OFF LIST

BUDGET #:	108-400402
PERIOD OF TIME:	10/01/08 - 06/30/09
AMOUNT:	\$90,500.00
DESCRIPTION:	CONTRACT AMENDMENT - EPA 10-01-2007/09-30-2009
	AIR POLLUTION 105 PROGRAM MSOA PROJECT

	INITIALS	DATE RECEIVED	FORWARDED
SECTION MANAGER			
BOB ROGERS			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
RUSSELL			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
ACCOUNTANT			
BENNETT			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
LACHAPELLE			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
FARRIS			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
ZERWEKH			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
MADLOCK			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
HIPPA REVIEW			
COMMENTS:			

CONTRACT AND ENCUMBRANCE INFORMATION SHEET

THIS SHEET MUST BE COMPLETED AND SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR,
AND, IF APPLICABLE, THE HEALTH POLICY COORDINATOR, AND ATTACHED TO ALL CONTRACT AND
RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: HEALTH DEPARTMENT - AIR POLLUTION
2. Preparer's Name, Telephone #, and E-Mail Address:
Johnathan Russell 544-7585 johnathan.russell@shelbycountyn.gov
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
Air Pollution Mobile Source Outreach Assistance (MSOA) Project to increase awareness of school-age children, grades K-12, about the impact of mobile source emissions on air quality.
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
U.S. Environmental Protection Agency/Grants Management Office
U.S. EPA, Region 4
61 Forsyth St. - Atlanta, GA 30303-3104
VENDOR NO./FED ID NO. _____
5. COST OF ITEM OR SERVICE REQUESTED: \$ 90,500.00 Revenue
6. TERM OF PROPOSED CONTRACT/AGREEMENT: 10/1/08-7/30/09
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) ****FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH****
Revenue - No Encumbrance

8. COMMODITY CODE: N/A
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE) :
****PLEASE ATTACH APPROVAL DOCUMENTS****
a. _____ Bid/RFP Process - # & Date EPA Grant Federal Identifier No. A004082-08-2
b. _____ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description

_____ MBE	(MINORITY OWNED BUSINESS ENTERPRISE)
	_____ MALE _____ FEMALE
_____ WBE	(WOMEN OWNED BUSINESS ENTERPRISE)
_____ LOSB	(LOCALLY OWNED SMALL BUSINESS)
	ANNUAL SALES DOES NOT EXCEED \$3 MILLION
<u>X</u> N/A	
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD DATE

HEALTH POLICY COORDINATOR DATE
(If Applicable)

DIVISION DIRECTOR DATE